

Employee Reimbursement Accounts
Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

ERA REMITTANCE REPORT

| | | |
|--|---------------|--------------------|
| Employer ID Number (EIN) 69-036-0001- | Employer Name | Payroll Check Date |
|--|---------------|--------------------|

| | | |
|--------------------|-------------------------------|--------------------------|
| Medical Reductions | Dependent Day Care Reductions | Total Regular Reductions |
|--------------------|-------------------------------|--------------------------|

ADJUSTMENTS — List only those adjustments which were not included in the totals above, and send a photocopy of this form to: Fringe Benefits Management Co., Attn: Wisconsin Payroll Processing, P.O. Box 1878, Tallahassee, FL 32302-1878.

| | | |
|------------------------------|-------------------------------|---|
| Name (Last, First M.I.) | Social Security Number | Affected Payroll Checks (first date through last date) through |
| Medical Reduction Adjustment | Dependent Day Care Adjustment | Total Adjustment |

| | | |
|------------------------------|-------------------------------|---|
| Name (Last, First M.I.) | Social Security Number | Affected Payroll Checks (first date through last date) through |
| Medical Reduction Adjustment | Dependent Day Care Adjustment | Total Adjustment |

| | | |
|------------------------------|-------------------------------|---|
| Name (Last, First M.I.) | Social Security Number | Affected Payroll Checks (first date through last date) through |
| Medical Reduction Adjustment | Dependent Day Care Adjustment | Total Adjustment |

GRAND TOTAL REDUCTIONS
(Regular Reductions + Adjustments)

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WiSMART transactions — List payment vouchers (PVs) in the table below associated with this report. Attach additional lists if necessary.

| Transaction Date | Trans Type | Agency Number | Transaction Number | Batch Number | Transaction Amount |
|------------------|------------|---------------|--------------------|--------------|--------------------|
| | PV | | | | |
| | PV | | | | |
| | PV | | | | |
| | PV | | | | |
| | PV | | | | |
| | PV | | | | |

Prepared By: _____ Phone No.: _____

**WiSMART
Total**

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